



225 Cemetery Rd • Kalispell, MT 59901 • 406-752-1310 • FAX 406-752-1546

Animal Foster Application

In order to be considered for fostering an FCAS animal you must:

1. Be at least 18 years of age or older/have parent or guardian permission.
2. Must have landlord permission if leasing your home.
3. Must have reliable transportation.

Please understand that FCAS reserves the right to reject any applicant for any reason.

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
Email address: _____
Emergency Contact: _____ Emergency Contact Phone: _____

Please list all family members that will be living with the animal (Names/Ages/Relationship):

Is anyone in your home allergic to animals? ☐ Yes ☐ No If yes, what type? _____

Why do you wish to foster animals for FCAS?

Do you live in a: ☐ House ☐ Condo ☐ Apartment ☐ Other _____

If renting, we will contact your landlord to ask if fostering animals in your home is acceptable. You will not be able to foster until we receive positive confirmation.

Do you have your landlord's permission to foster an animal? Yes ☐ No ☐ N/A ☐

Landlord's Name: _____ Landlord's Phone Number: _____

Do you have a fenced yard? ☐ Yes ☐ No ☐ Partial

Type of Fence: _____ Height: _____

If no, please explain how you will keep foster dogs contained and exercised:

What types of animals are you interested in fostering?

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Adult Dogs | <input type="checkbox"/> Weaned Puppies | <input type="checkbox"/> Mother Dogs w/ Puppies | <input type="checkbox"/> Bottle Puppies |
| <input type="checkbox"/> Adult Cats | <input type="checkbox"/> Weaned Kittens | <input type="checkbox"/> Mother Cats w/ Kittens | <input type="checkbox"/> Bottle Kittens |

Are you comfortable with administering medication? ☐ Yes ☐ No

Where will FCAS animals be kept during the day?: _____

At night?: _____

How many hours of the day are you usually away from home?: _____

Where will your foster animal be kept while you are gone?: _____

Please list any current animals you have in your home, including livestock and farm animals:

Type	Age	Gender	Spayed/Neutered?	UTD on Vaccines?	Dog/Cat Friendly?	Kept Inside/Outside?

Please indicate how long you are willing to foster:

- ☐ Less than 2 weeks ☐ 2 weeks ☐ 4 weeks ☐ More than 4 weeks

Are you interested in fostering regularly? ☐ Yes ☐ No

Please tell us anything else you would like us to know to help match you to an appropriate foster animal:

Signature of Foster Applicant

Date